



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

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MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number <u>137238</u></p> <p>2. Committee Name <u>COM. FOR VINSON</u></p> <p>5. Committee's Mailing Address <u>PO BOX 152</u> <u>Warren MI</u> Area Code and Phone <u>313</u></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p> <p>7. Treasurer's Business Address</p> <p>Area Code and Phone ()</p>	<p>3. This Statement covers From <u>12</u> <u>31</u> <u>04</u> to <u>12</u> <u>31</u> <u>04</u> Mo Day Year Mo Day Year</p> <p>4. Candidate Last Name <u>VINSON</u> First Name <u>NATHAN</u> M.I.</p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>COUNTY COMMISSIONER</u></p> <p>4b. County of Residence <u>MACOMB</u></p> <p>6. Treasurer's Name & Residential Address <u>7532 MELTON</u> <u>Delmetria Haynes</u> <u>DETROIT</u> <u>MI 48237</u> Area Code & Phone <u>(313) 404-5482</u></p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>KIM VINSON</u> <u>12178 Fenelon</u> <u>Det 34 313 8915124</u> Area Code and Phone ()</p>
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus</p> <p>Month Day Year</p>	<p>9c. <input checked="" type="checkbox"/> Annual Statement (<u>04</u> Coverage Year)</p> <p>9d. <input checked="" type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution</p> <p>Month Day Year</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
<p>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</p>	
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p> <p>Current Treasurer or Designated Record keeper <u>DELMETRIA HAYNES</u> <u>Kimberly D. Vinson</u> Date <u>2</u> <u>18</u> <u>05</u> Type or Print Name Signature Mo Day Year</p> <p>Candidate <u>NATHAN VINSON</u> <u>Nathan Vinson</u> Date <u>2</u> <u>18</u> <u>05</u> Type or Print Name Signature Mo Day Year</p>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137238

2. Committee Name

COM. FOR VINSON

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Itemized Contributions (Schedule 1A - Column 6)

(3.) \$

(18.) \$

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$

(19.) \$

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3 + Line 4)

(5.) \$

(20.) \$

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$

(21.) \$

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

(22.) \$

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

9. **TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c)

(9.) \$

(23.) \$

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$

11. **TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**
(Add Line 10a + Line 10b)

(11.) \$

(24.) \$

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$

b. Owed to the Committee (Schedule 1E)

(12b.) \$

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$

(15.) = \$

15. **SUBTOTAL** Add lines 13 and 14

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$

17. **ENDING BALANCE**

(Subtract line 16 from line 15)

(17.) \$ *

*If your ending balance is negative, please recheck your math.